



GDPR/Data Protection Form

PETs Ltd, Newnham Court Veterinary Hospital

Title:

First Name:

Surname:

Address:

City/Town

County	Postcode
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Pet(s) Name(s) Please list the names of your registered pets



We require your formal permission to use your email address and/or your mobile telephone number so that we can contact you electronically.

This would be to:-

- Let you know when your pet's vaccinations are due
- Reminders for parasite treatments, Pet Health Club Plan, Nurses clinics and Puppy parties
- To contact you with test results, hospital stay balance update, post op call backs relating to your pet and appointment reminders.
- Insurance form and laboratory form processing, to pass on to referral specialists or out of hour provider
- Promotional articles (you can opt out of these separately if you change your mind)

We confirm that under no circumstances will your details be passed to a third party without your express permission. Please tick below to confirm that Newnham Court Veterinary Hospital (PETs Ltd) may hold and use the above information for the reasons indicated. If you change your mind about marketing preferences at any time, please contact us. If you do not wish to be contacted electronically, please be aware this may result in not receiving notifications regarding your pet's healthcare.

Please note all our incoming and outgoing calls are recorded for training and monitoring purposes and deleted after 30 days. We also have CCTV in operation around and in the Hospital, this is for security reasons and deleted after 30 days.

I confirm that Newnham Court Veterinary Hospital may hold and use the above information for the reasons indicated above by

- Post
- Email and Text OR
- No electronic correspondence

Email:

Please fill out your email

Phone:

Please fill out your mobile number



Date:

Please date your form

Comment or Message